# REPORT OF INSPECTION

**ASSIGNMENT # 14115**

<table>
<thead>
<tr>
<th>License/ID #</th>
<th>Category</th>
<th>Sub-Category</th>
<th>Activity Type</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2414</td>
<td>Youth Camp</td>
<td></td>
<td>Not Open</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**Name of Owner(s), Partnership or Corporation**
UCP of Hudson County

**Trade Name**
Camp Choices

**E-mail Address**
ngarcia@ucpofhudsoncounty.org

**Establishment Location (Street Address)**
1005 Washington Street

**City**
Hoboken

**Zip Code**

**County**
Huds

**Telephone No.**
201-436-2200

**Establishment Mailing Address (if different)**

**Changes**

**Revised Information:**

**Name of Inspecting Official**
Jaime Ahn

**REHS Lic. #**
B-159736

**Est. Code:**

**Total Hours:**
1.5

**Reinspection on or After:**

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## TIME/ACTIVITY REPORT

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Began</th>
<th>Ended</th>
<th>Date</th>
<th>Code</th>
<th>Began</th>
<th>Ended</th>
</tr>
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<tbody>
<tr>
<td>8/3/20</td>
<td>1</td>
<td>0930</td>
<td>1030</td>
<td>2</td>
<td>1030</td>
<td>1100</td>
<td></td>
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**Item**

**NJAC 8:25-**

**Remarks**

R = Repeat Violation from the previous inspection

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According to Ms. Norma Garcia, Director of Community Supports, camp was cancelled for this season due to Covid-19.

**NOTE:** This camp was assigned as DFD.

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**Signature of Inspecting Official**
Jaime Ahn

**Name of Person Receiving Copy of Report**
Norma Garcia, Director